

PART B- FEE(S) TRANSMITTAL

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529.44217X00

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020457 759 03/30/2010

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1300 NORTH SEVENTEENTH STREET
SUITE 1800
ARLINGTON, VA 22209-3873

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/511,184	5/27/2005	Tomoyuki YAGI	529.44217X00	1948

TITLE OF INVENTION: INTRACAVITARY ULTRASOUND PROBE

APPL TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE (\$ DUE	DATE DUE
Nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/30/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			

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600-459000

1. Change of correspondence address or Indication of "Fee Address: (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached; agents OR, alternatively, <input type="checkbox"/> "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP. Or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI MEDICAL CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 4

4b. Payment of Fee(s):

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2135.

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Melvin Kraus/ MKDate: June 29, 2010Typed or printed name Melvin KrausRegistration No. 22,466

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.